Approved for use through 1/31/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/645,587			ling Date 22/2003	To be Mailed	
APPLICATION AS FILED — PART I (Column 1) (Column 2)							SMALL ENTITY 🛛			OTHER THAI		
	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i), (ii)	or (m))	N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		*		x \$ =		OR	x \$ =		
IND	EPENDENT CLAIM CFR 1,16(h))	IS	minus 3 =		*		x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 addit	ts of pap 50 (\$125 ional 50 s	ngs exceed 100 ion size fee due v) for each on thereof. See 7 CFR 1.16(s).								
Ш	MULTIPLE DEPEN	NDENT CLAIM PR	7 CFR 1.16(j))]								
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY		OR	OTHER THAN OR SMALL ENTITY		
AMENDMENT	02/12/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 8	Minus	** 20	= 0]	X \$25 =	0	OR	x \$ =		
	Independent (37 CFR 1.16(h))	* 3	Minus	***3	= 0]	X \$100 =	0	OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	Minus	**	=]	x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))	*	Minus	***	=]	x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))]						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD' L FEE		OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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